

---

# ATTN: SSA OFFICE

---

Documents to be returned and added to Jessica Elizabeth McCardle case file to fix case file and go after the one in which my embryos are infested by from here on out and fix my case to my father's social security number



JANUARY 22, 2021

JESSICA E MCCARDLE

143909795

Patient: MCCARDLE, JESSICA  
 Unit#: E000688442  
 Date: 06/08/17  
 E00929784420

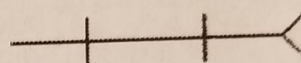
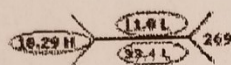
Acct#:

Gait: normal  
 Neuro/CNS: normal inspection, no motor deficits, No dyskinetic movements

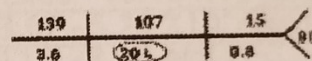
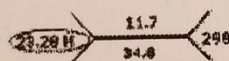
## Results

Findings/Data:

06/05/17 0252:



06/04/17 1838:



## Laboratory Tests:

	06/05 0354	06/05 0252	0
Hematology			
WBC (3.60 - 10.40 X10 <sup>3</sup> /uL)		18.29 H	
RBC (3.67 - 5.29 X10 <sup>6</sup> /uL)		3.92	
Hgb (11.4 - 15.8 g/dL)		11.0 L	
Hct (33.8 - 46.6 %)		33.4 L	
MCV (82.3 - 97.5 fL)		85.2	
MCH (27.5 - 33.3 pg)		28.1	
MCHC (32.4 - 35.0 g/dL)		32.9	
RDW (35.0 - 47.0 fL)		51.9 H	
Plt Count (150 - 400 X10 <sup>3</sup> /uL)		269	
MPV (6.5 - 10.7 fL)		10.9 H	
Immature Gran % (0.0 - 0.4 %)		0.6 H	
Neutrophils % (44.2 - 76.6 %)		72.2	
Lymphocytes % (13.5 - 42.9 %)		18.8	
Monocytes % (3.9 - 12.5 %)		8.1	
Eosinophils % (0.0 - 4.8 %)		0.1	
Basophils % (0.0 - 1.7 %)		0.2	
Nucleated RBC % (0.0 - 0.2 /100 WBC)		0.0	
Immature Gran # (0.0 - 0.03 X10 <sup>3</sup> /uL)		0.11 H	
Neutrophils # (1.5 - 7.1 X10 <sup>3</sup> /uL)			

PRINT DATE: 06/11/17  
PRINT TIME: 0130

Medical Center of Trinity  
Clinical Laboratory  
9330 State Road 54  
New Port Richey, FL 34655  
(727) 834-4875

PAGE 2

HPF LAB Discharge Summary Report w/o Pathology

Patient: MCCARDLE, JESSICA #E00929784420 (Continued)

\*\*\* CHEMISTRY - GENERAL \*\*\* (continued)

Date	06/10/17	06/09/17	Reference	Units
Time	0540	0540		
HCG SR QUANT	13020 (f)			mIU/m

NOTES: (f)

WEEKS POST LMP\*

APPROX HCG CONCENTRATION

4	3 - 246
5	19 - 7340
6	1080 - 56500
10	54100 - 288000
<u>18 (2ND TRIMESTER)</u>	<u>8910 - 66000</u>
<u>31 (3RD TRIMESTER)</u>	<u>5310 - 27400</u>

\*LMP = LAST MENSTRUAL PERIOD





original  
verified

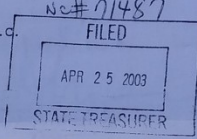


**FILED**

MAR - 7 2003

RONALD B. GRAVES, J.S.C.  
JUDGE'S CHAMBERS  
SUSSEX COUNTY COURTHOUSE

HOLLANDER HONTZ WEAVER HINKES & PASCULLI, L.L.C.  
40 Park Place - P.O. Box 99  
Newton, NJ 07860  
Tel: 973-383-3233  
Fax: 973-383-4922  
Attorneys for Petitioner



In the Matter of the Application of  
**JESSICA ELIZABETH LISTA**, an infant,  
by Ann Lata McCardle, natural parent  
and guardian, to assume the name  
**JESSICA ELIZABETH McCARDLE**.

SUPERIOR COURT OF NEW JERSEY  
LAW DIVISION  
SUSSEX COUNTY  
DOCKET NO. 1-40-03  
Civil Action  
FINAL JUDGMENT FOR NAME  
CHANGE

Application being made to the Court by Hollander, Hontz, Weaver,  
Hinkes & Pasculli, LLC, attorneys for Petitioner, **Jessica Elizabeth  
Lista**, an infant, by Ann Lata McCardle, natural parent and guardian,  
by duly verified complaint, accompanied by a sworn affidavit for a  
judgment authorizing her to assume the name **Jessica Elizabeth  
McCardle**, and it appearing to the Court that she has complied with the  
provisions of N.J.S. 2A:52-1 et seq., and that she was born on October  
30, 1990, and whose Social Security Number is 143-90-9795, and the  
Court being satisfied that there are no reasonable objections thereto:

It is on this 7<sup>th</sup> day of March 2003, ADJUDGED:

That **Jessica Elizabeth Lista**, whose Social Security Number is



MEDICATION DISCHARGE SUMMARY

UNIT #: E000688442

ACCT #: E00929

	START/ STOP	
--	----------------	--

Date: 09/15/15  
 ADDED  
Influenza Virus Vaccines by COE.CLM  
 OLD:  
 NEW: Influenza Virus Vaccines added.  
 DELETED  
green tea by COE.CLM  
 OLD: green tea deleted.  
 NEW:  
 TEXT:  
 Type: Allergy  
 Severity: Unknown  
 Verified: Y  
 Patient Reaction: PURPORTS ALLERGY TO IMMUNIZATIONS "SWEETS DISEASE"  
 Allergy Id: From Immune Trio  
 Date: 06/05/17  
 DELETED  
 selenium amino acid chelate by COE.CLM  
 OLD: selenium amino acid chelate deleted.  
 NEW:  
 TEXT:  
 Type: Allergy  
 Severity: Unknown  
 Verified: Y  
 Patient Reaction: PURPORTS ALLERGY TO IMMUNIZATIONS "SWEETS DISEASE"  
 Allergy Id: From Immune Trio  
 Date: 06/05/17  
 DELETED  
 mushroom combination no.1 by COE.CLM  
 OLD: mushroom combination no.1 deleted.  
 NEW:  
 TEXT:  
 Type: Allergy  
 Severity: Unknown  
 Verified: Y  
 Patient Reaction: PURPORTS ALLERGY TO IMMUNIZATIONS "SWEETS DISEASE"  
 Allergy Id: From Immune Trio  
 Date: 06/05/17  
 DELETED  
 hyperimmune colostrum by COE.CLM  
 OLD: hyperimmune colostrum deleted.  
 NEW:  
 TEXT:  
 Type: Allergy  
 Severity: Unknown  
 Verified: Y  
 Patient Reaction: PURPORTS ALLERGY TO IMMUNIZATIONS "SWEETS DISEASE"  
 Allergy Id: From Immune Trio  
 Date: 06/05/17

# STATE OF NEW JERSEY OFFICE OF REGISTRAR OF VITAL STATISTICS

of

Town of Newton  
CITY, BOROUGH OR TOWNSHIP AND COUNTY

This is to certify that the following is correctly copied from a record of Death in my office.

Gerard J. Lista  
NAME OF DECEASED

Male  
SEX

SURVIVING SPOUSE  
(OR WIFE MAIDEN NAME)  
-----

Residence:

Newton, New Jersey  
PLACE OF DEATH

February 28, 1953  
DATE OF BIRTH

August 21, 2002  
DATE OF DEATH

49  
AGE

September 05, 2002  
DATE OF ISSUE

STATE OF NEW JERSEY

Deputy Registrar of Vital Statistics  
39 Trinity Street  
Newton, NJ 07860  
ADDRESS



800-921-8101  
Frontier Account Information

Ann McCardle 10-22-59  
134-58-5741 home number: 727-934-3  
order number: 065314008FT  
ann.mccardle503@frontier.com

User ID: jem1030.jm@gmail.com  
Password: Snypcr1218?

Account Number: 727-934-3378-111516-5 A

PIN: 6581

Promo Code Used: R87-160  
triple play lock-in for 2 yrs 89.99  
after service cut 11.99





**BIRTH REGISTRATION CERTIFICATE**

OFFICE OF REGISTRAR OF VITAL STATISTICS

SUSSEX COUNTY

TOWN OF NEWTON, NEW JERSEY

Heaven Timor NJ  
New Jersey Mission Expires  
August 31, 1994

Name: Jessica Elizabeth Lisa

FATHER'S FULL NAME: Gerald Joseph Lisa

MOTHER'S FULL NAME: Ann Helen Lisa

SEX: F

PLACE OF BIRTH: NEWTON, NEW JERSEY

DATE OF BIRTH: October 30, 1990

REGISTRATION DATE: November 19, 1990

DATE ISSUED: November 19, 1990

DEPUTY REGISTRAR OF VITAL STATISTICS: *Shirley G. Oster*

ADDRESS: 29 TRINITY STREET, NEWTON, N.J.

STATE OF NEW JERSEY

This is a true Certification of name and birth facts as recorded in this office.

Any agreement to a statement, however true, which is made in reliance of its truth does not imply responsibility or liability. This is merely a copy of the information supplied for preparation of the original birth record.

**Form C**Jessica Elizabeth McCardle

Name

422 Cranberry Rd.

Street Address

Farmingdale, N.J., 07727

City, State, Zip

8622663530

Telephone Number

Superior Court Of New Jersey  
Law DivisionMonmouth CountyDocket No. MON-L-3987-19

(To be filled in by the court)

**In the Matter of the Application of:**Jessica Elizabeth McCardle

Your Name

**To Assume the Name of:**Jessica Elizabeth Lista

Name you wish to assume

**Civil Action****Final Judgment**

Jessica Elizabeth McCardle, having made application to this Court by duly  
(your name, first, middle, last)

verified complaint for a judgment authorizing (check one) ☐ him ☒ her to assume the name of

Jessica Elizabeth Lista

(name you wish to assume)

N.J.S.A. 2A:52-1-4 and the Current N.J. Court Rules relating thereto have been complied with:

**IT IS ON THIS** 30th day of March, 2020, **ORDERED** and **ADJUDGED** that  
(leave blank for the court to complete)

Jessica Elizabeth McCardle

(your name, first, middle, last)

10/30/1990

(month, day, year)

, who was born on 10/30/1990, and whose social  
security number is contained in the attached Final Judgment Addendum, be and hereby is authorized to  
assume the name of Jessica Elizabeth Lista

(name you wish to assume)

effective April 30, 2020

(leave blank for the court to complete)

(NOTE: This is the date you may begin using your assumed name), and

**DO NOT WRITE BELOW THIS LINE THE COURT WILL COMPLETE**

**IT IS FURTHER ORDERED** that within twenty days hereof, plaintiff shall cause a copy of only  
Final Judgment (not the Final Judgment Addendum) to be published once in Asbury Park Press  
and within forty-five days after entry of Judgment, plaintiff shall file proof  
publication of this Final Judgment with the deputy clerk of the Superior Court (in the county in which you  
your Verified Complaint);

**IT IS FURTHER ORDERED** that the published version of the Final Judgment shall not contain the  
social security number of the person whose name was changed; and

**IT IS FURTHER ORDERED** that within forty-five days after entry of Judgment, a certified copy  
this Final Judgment, with the Final Judgment Addendum attached, must be sent to the Department of Treas  
pursuant to the provisions of the Statute and Rules in such case made and provided.

March 20, 2020

Dated

/s/ Kathleen A. Sheedy



